

# Federal Grant Applications

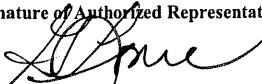
The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

# APPLICATION FOR FEDERAL ASSISTANCE

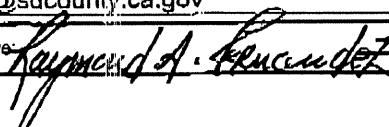
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/12/07		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name Los Angeles County Metropolitan Transportation Authority			Organizational Unit: <b>Programming &amp; Policy Analysis</b>		
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>			Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Kathy Banh (213) 922-7635</b>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>		
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)  If Revision, enter appropriate letter(s) in box(es):  A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)			A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____  <b>State Chartered Transit District</b>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>TITLE 49 U.S.C. § 5307/5340</b>			9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Growing States - PM Rail, CA-90-Y510-01</b>		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date <b>7/1/06</b>	Ending Date <b>6/30/08</b>	a. Applicant <b>Districts 24 through 39, and 41</b>		b. Project <b>Same as Applicant</b>	

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 6,605,974.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>6/12/07</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 1,651,494.00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 8,257,468.00		

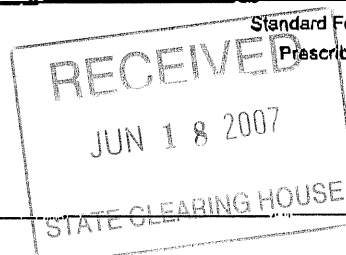
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative <b>GLADYS LOWE</b>		b Title Director Regional Program Management	c Telephone number <b>(213) 922-2459</b>
d. Signature of Authorized Representative 		e. Date Signed <b>6/7/07</b>	

OMB Number: 4040-0004  
Expiration Date: 07/31/2006

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts of:</b>		
* a. Applicant	CA-52	* b. Program/Project
		50,53
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="border: 1px solid black; padding: 2px;">Delete Attachment View Attachment</div>		
<b>17. Proposed Project:</b>		
* a. Start Date:	01-01-2007	* b. End Date:
		03-31-2008
<b>18. Estimated Funding (\$):</b>		
* a. Federal	\$409,144.00	<b>Post-It™ brand fax transmittal memo 7671</b> # of pages ▶ 1
* b. Applicant		
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	\$409,144.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 6/15/07		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="border: 1px solid black; padding: 2px;">Explanation</div>		
<b>21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name:
Middle Name:	A.	Raymond
* Last Name:	Fernandez	
Suffix:		
* Title:	Air Pollution Control Officer (Acting)	
* Telephone Number:	(858) 586-2600	Fax Number:
		(858) 586-2801
* Email:	raymond.fernandez@sdcounty.ca.gov	
* Signature of Authorized Representative:	Date Signed:	
		

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b>		Applicant Identifier N/A	
Pre-application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier 06-01639	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: California - Department of Parks and Recreation			<b>Organizational Unit:</b>		
			Department: California Department of Park and Recreation		
Organizational DUNS: 172070807			Division: Office of Grants and Local Services		
<b>Address:</b> Street: PO Box 942896			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Sacramento			Prefix: Ms. First Name: Betty		
County: Sacramento			Middle Name		
State: California Zip Code 94296-0001			Last Name Ettinger		
Country: USA			Suffix:		
Email: betti@parks.ca.gov					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0303606			Phone Number (give area code) (916) 651-8174		Fax Number (give area code) (916) 653-6511
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. State Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 15-916 TITLE (Name of Program): Land & Water Conservation Fund			<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Interior, National Park Service		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> 06-			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Date Street Park Rehabilitation City of Live Oak 9955 Live Oak Boulevard Live Oak, CA 95953		
<b>13. PROPOSED PROJECT</b> Start Date: Ending Date: 06/30/2011			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 03 b. Project 02		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	264,147.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/19/07		
b. Applicant	\$	264,147.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$				
e. Other	\$				
f. Program Income	\$		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
g. TOTAL	\$	528,294.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix Ms.		First Name Betty		Middle Name	
Last Name Ettinger				Suffix	
b. Title Assistant Chief				c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative				e. Date Signed	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier  State Application Identifier  Federal Identifier
--	--	--	---	--

<b>5. APPLICANT INFORMATION</b>																									
Legal Name: COYOTE VALLEY MUTUAL WATER COMPANY		Organizational Unit: Department:																							
Organizational DUNS: 197729221		Division:																							
Address: Street: 1161 IMPERIAL HIGHWAY PO BOX 126 City: OCOTILLO County: IMPERIAL State: CA Zip Code: 92259 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: L. Last Name: HEIMDAL Suffix: Email: <div style="border: 2px solid black; padding: 5px; text-align: center; width: 150px; float: right;"> <b>RECEIVED</b>  <b>JUN 19 2007</b>  <b>STATE CLEARING HOUSE</b> </div>																							
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px;">9 5 - 1 8 7 5 6 1 2</div>		Phone Number (give area code): 760-791-1410 Fax Number (give area code):																							
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) 0 Other (specify): MUTUAL WATER COMPANY																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; float: right;">1 0 - 7 6 0</div> TITLE (Name of Program): WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> INTERCONNECTING POTABLE WATER PIPELINE BETWEEN COYOTE VALLEY MUTUAL WATER COMPANY AND OCOTILLO MUTUAL WATER COMPANY - APPROXIMATELY 1 MILE																							
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): PORTIONS OF OCOTILLO, IMPERIAL COUNTY, CA		<b>9. NAME OF FEDERAL AGENCY:</b> USDA RURAL DEVELOPMENT																							
<b>13. PROPOSED PROJECT</b> Start Date: SPRING 2007    Ending Date: SUMMER 2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: CA 51 - FILNER    b. Project: CA 51 - FILNER																							
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">744,750.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">43,900.00</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">788,650.00</td></tr> </table>		a. Federal	\$	744,750.00	b. Applicant	\$	.00	c. State	\$	43,900.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	788,650.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	744,750.00																							
b. Applicant	\$	.00																							
c. State	\$	43,900.00																							
d. Local	\$	.00																							
e. Other	\$	.00																							
f. Program Income	\$	.00																							
g. TOTAL	\$	788,650.00																							
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																							
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																									
<b>a. Authorized Representative</b> Prefix: First Name: DIANE Middle Name: Last Name: EPPERSON Suffix: b. Title: SECRETARY c. Telephone Number (give area code): 760-358-7920 d. Signature of Authorized Representative: <i>Kiane Epperson</i> e. Date Signed: June 10, 2007																									

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

1178931529-6774

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name: Housing Services Affiliate (HSA) of BHNC

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

943142001

## \* c. Organizational DUNS:

809002637

## d. Address:

## \* Street1:

515 Cortland Ave

## Street2:

## \* City:

San Francisco

## County:

San Francisco

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

94110

## e. Organizational Unit:

## Department Name:

Housing Department

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Ms.

## \* First Name:

Shannon

## Middle Name:

## \* Last Name:

Dodge

## Suffix:

## Title: Housing Director

## Organizational Affiliation:

Bernal Heights Neighborhood Center

## \* Telephone Number:

(415) 206-2140 ext. 150

## Fax Number:

(415) 648-0793

## \* Email:

sdodge@bhnc.org

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

US Department of Housing and Urban Development

## 11. Catalog of Federal Domestic Assistance Number:

14.181

CFDA Title:

Supportive Housing for Persons with Disabilities

## \* 12. Funding Opportunity Number:

FR-5100-N-05

\* Title:

Section 811 Supportive Housing for Persons with Disabilities

## 13. Competition Identification Number:

S811

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

City and County of San Francisco  
State of California

## \* 15. Descriptive Title of Applicant's Project:

29th Avenue Apartments  
New Construction of Supportive Housing for Very Low-Income Disabled Adults

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-008

\* b. Program/Project CA-008

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 10/01/2007

\* b. End Date: 03/17/2010

## 18. Estimated Funding (\$):

* a. Federal	2,336,047.00
* b. Applicant	12,500.00
* c. State	2,943,503.00
* d. Local	5,076,629.00
* e. Other	165,000.00
* f. Program Income	0.00
* g. TOTAL	10,533,679.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/19/2007☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Ms.

\* First Name: Jessica

Middle Name:

\* Last Name: Fyles

Suffix:

\* Title: Housing Project Manager

\* Telephone Number: (415) 206-2140 ext. 147

Fax Number: (415) 648-0793

\* Email: jfyles@bhnc.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission.

\* Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

1178931529-6774

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: The Rector, Wardens, and Vestry of Saint Peter's Episcopal Church in San Francisco

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-11860958

## \* c. Organizational DUNS:

838080978

## d. Address:

## \* Street1:

420 29th Ave

## Street2:

## \* City:

San Francisco

## County:

San Francisco

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

94121

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Father

## \* First Name:

David

## Middle Name:

Bruce

## \* Last Name:

Rickey

## Suffix:

## Title:

Rector

## Organizational Affiliation:

The Rector, Wardens, and Vestry of Saint Peter's Episcopal Church in San Francisco

## \* Telephone Number:

(415) 751-4942

## Fax Number:

(415) 751-4172

## \* Email:

david.rickey@prodigy.net

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

US Department of Housing and Urban Development

## 11. Catalog of Federal Domestic Assistance Number:

14.181

## CFDA Title:

Supportive Housing for Persons with Disabilities

## \* 12. Funding Opportunity Number:

FR-5100-N-05

## \* Title:

Section 811 Supportive Housing for Persons with Disabilities

## 13. Competition Identification Number:

S811

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

City and County of San Francisco  
State of California

## \* 15. Descriptive Title of Applicant's Project:

29th Avenue Apartments  
New Construction of Supportive Housing for Very Low-Income Disabled Adults

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-008

\* b. Program/Project CA-008

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachments

## 17. Proposed Project:

\* a. Start Date: 10/01/2007

\* b. End Date: 03/17/2010

## 18. Estimated Funding (\$):

* a. Federal	2,338,047.00
* b. Applicant	12,500.00
* c. State	2,943,503.00
* d. Local	5,078,628.00
* e. Other	165,000.00
* f. Program Income	0.00
* g. TOTAL	10,533,679.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/19/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Father \* First Name: David

Middle Name: Bruce

\* Last Name: Rickey

Suffix:

\* Title: Rector

\* Telephone Number: (415) 751-4842 Fax Number: (415) 751-4172

\* Email: david.rickey@prodigy.net

\* Signature of Authorized Representative: David Rickey \* Date Signed: 6/19/2007

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: Gilroy Unified School District

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

77-0123255

\* c. Organizational DUNS:

060696600

## d. Address:

\* Street1:

7810 Arroyo Circle

Street2:

\* City:

Gilroy

County:

Santa Clara

\* State:

CA; California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 95020-7313

RECEIVED

JUN 19 2007

STATE CLEARING HOUSE

## e. Organizational Unit:

Department Name:

Gilroy Unified School District

Division Name:

Administrative Services

## f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

\* First Name:

Teri

Middle Name:

L.

\* Last Name:

Freedman

Suffix:

Title: Grantwriter and Project Administrator

## Organizational Affiliation:

Gilroy Unified School District

\* Telephone Number: 408-648-7171

Fax Number: 408-642-1158

\* Email: teri.freedman@gusd.k12.ca.us

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

Version 02

**Application for Federal Assistance SF-424****9. Type of Applicant 1: Select Applicant Type:**

G: Independent School District

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-051007-001

\* Title:

Safe Schools/ Healthy Students Program CFDA 84.184L

**13. Competition Identification Number:**

84-184L2007-1

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Gilroy, County of Santa Clara, State of California

**\* 15. Descriptive Title of Applicant's Project:**

SOMOS\* Gilroy Safe Schools-Healthy Students Initiative (\*Spanish for "We are")

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

Version 02

## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant 15

\* b. Program/Project 15

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 10/01/2007

\* b. End Date: 09/30/2011

## 18. Estimated Funding (\$):

* a. Federal	5,247,444.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	4,205,642.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	9,453,086.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/19/2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No 

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. \* First Name: Steve

Middle Name:

\* Last Name: Brinkman

Suffix: n/a

\* Title: Assistant Superintendent

\* Telephone Number: 408-848-7126 Fax Number: 408-842-1158

\* Email: dtaylor@gusd.k12.ca.us

\* Signature of Authorized Representative:  \* Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/19/07	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 07SC076655	4. DATE RECEIVED: 04/19/07	GRANT NUMBER:
5. APPLICATION INFORMATION		
LEGAL NAME: Ca Dept of Developmental Svcs DUNS NUMBER: 143841604		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION ( <i>give area codes</i> ): NAME: Linda Croslin TELEPHONE NUMBER: (916) 653-3288 FAX NUMBER: (916) 654-3464 INTERNET E-MAIL ADDRESS: lcroslin@dds.ca.gov
ADDRESS ( <i>give street address, city, state and zip code</i> ): 1600 9th Street Rm 330 M-S 3-8 Sacramento CA 95814 - 6404		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 680282313		7. TYPE OF APPLICANT: 7a. State Government 7b.
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		
9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>		
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SCP CA DDS (Multi-City)
12. AREAS AFFECTED BY PROJECT ( <i>List Cities, Counties, States, etc</i> ): Santa Clara, Santa Barbara, Ventura, San Luis Obispo, Orange, Riverside, San Bernardino, Tulare, Sonoma, San Joaquin, Stanislaus, Tuolumne, Calaveras, Amador, Napa and Kings C		
13. PROPOSED PROJECT: START DATE: 07/01/07 END DATE: 06/30/10		14. PERFORMANCE PERIOD: START DATE: 07/01/07 END DATE: 06/30/10
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 30-JUL-07
a. FEDERAL	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
b. APPLICANT	\$ 1,989,545.00	
c. STATE	\$ 1,982,395.00	
d. LOCAL	\$ 0.00	
e. OTHER	\$ 0.00	
f. PROGRAM INCOME	\$ 0.00	
g. TOTAL	\$ 1,989,545.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Joellen Fletcher	b. TITLE: Chief	c. TELEPHONE NUMBER: (916) 654-2133
		d. DATE: 04/19/07

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/19/07	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 07SP076644	4. DATE RECEIVED: 04/19/07	GRANT NUMBER:														
5. APPLICATION INFORMATION																
LEGAL NAME: Ca Dept of Developmental Svcs DUNS NUMBER: 143841604 ADDRESS (give street address, city, state and zip code): 1600 9th Street Rm 330 M-S 3-8 Sacramento CA 95814 - 6404		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Linda Croslin TELEPHONE NUMBER: (916) 653-3288 FAX NUMBER: (916) 654-3464 INTERNET E-MAIL ADDRESS: lcroslin@dds.ca.gov														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 680282313		7. TYPE OF APPLICANT: 7a. State Government 7b.														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		<div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>  <b>JUN 20 2007</b>  <b>STATE CLEARING HOUSE</b> </div>														
9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>																
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FGP - DDS (Multi-City)														
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Santa Clara, Santa Barbara, Ventura, San Luis Obispo, Orange, Riverside, San Bernardino, Tulare, Sonoma, San Joaquin, Stanislaus, Tuolumne, Calaveras, Amador, Kern, Bakersfield,																
13. PROPOSED PROJECT: START DATE: 07/01/07 END DATE: 06/30/10		14. PERFORMANCE PERIOD: START DATE: 07/01/07 END DATE: 06/30/10														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 30-JUL-07														
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 1,227,464.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 868,935.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 876,085.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 2,096,399.00</td> </tr> </table>		a. FEDERAL	\$ 1,227,464.00	b. APPLICANT	\$ 868,935.00	c. STATE	\$ 876,085.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 2,096,399.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
a. FEDERAL	\$ 1,227,464.00															
b. APPLICANT	\$ 868,935.00															
c. STATE	\$ 876,085.00															
d. LOCAL	\$ 0.00															
e. OTHER	\$ 0.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 2,096,399.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Joellen Fletcher	b. TITLE: Chief	c. TELEPHONE NUMBER: (916) 654-2133														
		d. DATE: 04/19/07														

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED N/A	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE N/A	State Application Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY N/A	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Ontario		Organizational Unit: Department: Planning Department	
Organizational DUNS: 078136223		Division: Advance Planning	
Address: Street: 303 East "B" Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Ontario		Prefix: Mrs.	First Name: Cathy
County: San Bernardino		Middle Name	
State: CA		Last Name Wahlstrom	
Zip Code 91764		Suffix:	
Country: United States		Email: cwahlstrom@ci.ontario.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000754		Phone Number (give area code) 909 395-2282	
		Fax Number (give area code) 909 395-2420	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIP Funds Section 160 of Vision 100		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Ontario, City of Fontana		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Land Use Compatibility Plan for Ontario International Airport	
13. PROPOSED PROJECT Start Date: n/a		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 43rd	
Ending Date: n/a		b. Project 43rd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 350,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 70,000.00	DATE:	
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ .00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 420,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Greg	Middle Name	
Last Name Devereaux		Suffix	
b. Title City Manager		c. Telephone Number (give area code) 909-395-2380	
d. Signature of Authorized Representative		e. Date Signed 3/5/07	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>
<b>4. Applicant Identifier:</b> <input type="text"/>		
<b>5a. Federal Entity Identifier:</b> <input type="text"/>		<b>* 5b. Federal Award Identifier:</b> <input type="text"/>
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> <input type="text"/>		<b>7. State Application Identifier:</b> <input type="text"/>
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> California Coastal Conservancy		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-3164968		<b>* c. Organizational DUNS:</b> 808322408
<b>d. Address:</b>		
<b>* Street1:</b> 1330 Broadway, Suite 1300		
<b>Street2:</b> <input type="text"/>		
<b>* City:</b> Oakland		
<b>County:</b> Alameda		
<b>* State:</b> CA: California		
<b>Province:</b> <input type="text"/>		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 94612		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> <input type="text"/>		<b>Division Name:</b> <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Mr. <b>* First Name:</b> Tim		
<b>Middle Name:</b> <input type="text"/>		
<b>* Last Name:</b> Duff		
<b>Suffix:</b> <input type="text"/>		
<b>Title:</b> Project Manager, Central Coast Region		
<b>Organizational Affiliation:</b> California Coastal Conservancy		
<b>* Telephone Number:</b> 510-286-3826		<b>Fax Number:</b> 510-286-0470
<b>* Email:</b> tduff@scc.ca.gov		

RECEIVED  
JUN 22 2007  
STATE CLEARING HOUSE

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

A: State Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

U. S. Fish and Wildlife Service

## 11. Catalog of Federal Domestic Assistance Number:

15.614

## CFDA Title:

Coastal Wetlands Planning, Protection and Restoration Act

## \* 12. Funding Opportunity Number:

CWG-08

## \* Title:

National Coastal Wetlands Conservation Grant Program

## 13. Competition Identification Number:

CWG-08

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Morro Bay National Estuary, San Luis Obispo County, California

## \* 15. Descriptive Title of Applicant's Project:

East Sweet Springs Acquisition Project

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant \* b. Program/Project 

Attach an additional list of Program/Project Congressional Districts if needed.





## 17. Proposed Project:

\* a. Start Date: \* b. End Date: 

## 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,500,000.00"/>
* b. Applicant	<input type="text" value="1,200,000.00"/>
* c. State	<input type="text" value="1,300,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="4,000,000.00"/>

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No 

21. "By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:  \* First Name:

Middle Name:

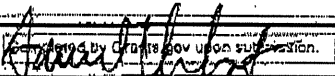
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)		2. DATE SUBMITTED / /	Applicant Identifier / /
		3. DATE RECEIVED BY STATE / /	State Application Identifier / /
1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		4. Federal Identifier / /	
5. APPLICANT INFORMATION * Organizational DUNS: 125084723 * Legal Name: The Regents of the University of California Department: / Division: / * Street1: 1156 High Street Street2: Office of Sponsored Projects * City: Santa Cruz County: / * State: CA: California Province: / * Country: UNITED STATES * ZIP / Postal Code: 95064			
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Ru-Shan / Wu * Phone Number: 831-459-5135 Fax Number: / Email: wrs@es.ucsc.edu			
8. * EMPLOYER IDENTIFICATION (EIN or TIN): 94-1539563		7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education Other (Specify): Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		9. * NAME OF FEDERAL AGENCY: Chicago Service Center 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development and Laboratory Evaluation of Novel Seismic Methods for Characterizing Fluid-Rock Interactions			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) n/a			
13. PROPOSED PROJECT: * Start Date * Ending Date 10/01/2007 09/30/2010		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project CA 17 CA 17	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Middle Name: * Last Name: Suffix: Ru-Shan / Wu Position/Title: / * Organization Name: The Regents of the University of California Department: / Division: / * Street1: 1156 High Street Street2: / * City: Santa Cruz County: / * State: CA: California Province: / * Country: UNITED STATES * ZIP / Postal Code: 95064 * Phone Number: 831-459-5135 Fax Number: / Email: wrs@es.ucsc.edu			

Pg 1 of 2

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <input style="width: 150px;" type="text" value="725,171.00"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="725,171.00"/> c. * Estimated Program Income <input style="width: 150px;" type="text" value="0.00"/>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px;" type="text" value="06/26/2007"/>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

**18. By signing this application, I certify (1) to the statements contained in the (list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

<b>19. Authorized Representative</b>				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Wanda	Jeanne	Moody	
* Position/Title:	Contract and Grant Officer			
* Organization:	The Regents of the University of California			
Department:	Office of Sponsored Projects	Division:		
* Street1:	1158 High Street	Street2:	Office of Sponsored Projects	
* City:	Santa Cruz	County:		* State: CA: Californi
Province:		* Country:	UNITED ST	* ZIP / Postal Code: 95064
* Phone Number:	831-459-3136	Fax Number:		* Email: wmoody@ucsc.edu
<b>* Signature of Authorized Representative</b> Completed on submission to Grants.gov			<b>* Date Signed</b> Completed on submission to Grants.gov	

<b>20. Pre-application</b>	<input type="button" value="Add Attachment"/>
----------------------------	---

<b>21. Attach an additional list of Project Congressional Districts if needed.</b>
<input type="button" value="Add Attachment"/>

OMB Number: 4040-0001

Expiration Date: 04/30/2008

pg 2 of 2

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier 07-362 (UST)
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 J Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68-0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Kevin Graves (916) 341-5782	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) _____	
10. Catalog of Federal Domestic Assistance Number 66.804 Title: State and Tribal Underground Storage Tanks Program		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		11. Descriptive Title of Applicant's Project:  Development and implementation of regulatory programs for the prevention, detection, and correction of leaking UST's containing petroleum and hazardous substances.	
13. Proposed Project: Start Date 7/1/2007 End Date 6/30/2008		14. Congressional District of: Applicant: Project: 3 California - All	
15. ESTIMATED FUNDING: a. Federal \$899,955 b. Applicant \$0 c. State \$431,062 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$1,331,017		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: June 25, 2007 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <input checked="" type="checkbox"/> NO			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Dorothy Rice		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: June 26, 2007	

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: National School Safety Center

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

770501247

\* c. Organizational DUNS:

790387906

d. Address:

\* Street1: 141 Duesenberg Drive, Suite 11

Street2:

\* City: Westlake Village

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 91362

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr.

\* First Name:

Ronald

Middle Name:

\* Last Name:

Stephens

Suffix:

Title:

Organizational Affiliation:

\* Telephone Number: 805 373 9977

Fax Number:

805 373 9277

\* Email:

ronaldstephens@schoolsafety.us

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

**\* 12. Funding Opportunity Number:**

COPS-CPD-2007-08

\* Title:

School and Campus Safety

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**\* 15. Descriptive Title of Applicant's Project:**

Campus Safety and Crisis Readiness For Colleges and Universities: A Training Symposium Model and Resource Package  
For Post-Secondary Schools

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-034

\* b. Program/Project US-all

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 09/01/2007

\* b. End Date: 03/01/2009

18. Estimated Funding (\$):

* a. Federal	499,991.33
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	499,991.33

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/22/2007 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Dr. \* First Name: Ronald

Middle Name:

\* Last Name: Stephens

Suffix:

\* Title: Executive Director

\* Telephone Number: 805 373 9977 Fax Number: 805 373 9277

\* Email: ronaldstephens@schoolsafety.us

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

Version 9/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION</b> Application		<b>2. DATE SUBMITTED</b>		<b>Applicant Identifier</b>	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	
<b>5. APPLICANT INFORMATION</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>	
Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES			Organizational Unit: DEPARTMENT OF HEALTH SERVICES		
Organizational DUNS: 799150615			Division: Division of Drinking Water & Environmental Management		
Address: Street: 1616 Capitol Avenue (MS 7418) P.O. Box 997413			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
City: Sacramento			Prefix: Mr. First Name: Stephen		
County: Sacramento			Middle Name: A		
State: California			Last Name: Woods		
Country:			Suffix: --		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [74] - [3204993]			Email: swoods1@dhs.ca.gov		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.) Other Specify:			Phone number (give area code) (916) 449-5624 Fax number (give area code) (916) 449-5656		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER [6] [8] - [4] [6] [8] TITLE (Name of program): Capitalization Grants for Drinking Water State Revolving Fund			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify):		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) CALIFORNIA - STATEWIDE			9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY		
13. PROPOSED PROJECT: Start Date: 8/1/07 End Date: 6/30/10			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM		
15. ESTIMATED FUNDING:			14. CONGRESSIONAL DISTRICTS OF		
a. Federal \$67,153,678			a. Applicant: b. Project ALL		
b. Applicant			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
c. State \$13,430,736			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: Jun 26, 2007		
d. Local			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$4,704,000			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income			<input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO		
g. TOTAL \$85,288,414			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative					
Prefix Dr. First Name Mark		Middle Name			
Last Name Horton		Suffix M.D., M.S.P.H.			
b. Title State Public Health Officer/Chief Deputy Director		c. Telephone number (give area code) (916) 440-7400			
d. Signature of Authorized Representative		e. Date Signed 6/26/07			

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier 07-363 (LUST)
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier LS 96934701
6. D U N S Number: 808321913		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Kevin Graves (916) 341-5782	
8. Type of Application: New _____ Revision <input checked="" type="checkbox"/> Continuation _____ If Revision, enter appropriate letter(s): <u>A</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.805 Title: Leaking Underground Storage Tank Trust Fund		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		11. Descriptive Title of Applicant's Project: Continue to develop and implement effective regulatory programs for the prevention, detection, and correction of released from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.	
13. Proposed Project: Start Date 7/1/2005 End Date 6/30/2008		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$3,000,000 b. Applicant \$0 c. State \$750,000 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$3,750,000		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: June 26, 2007 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Dorothy Rice		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		c. Date Signed: June 27, 2007	

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name: City of Fresno

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000338

## \* c. Organizational DUNS:

071887855

## d. Address:

## \* Street1:

2600 Fresno Street

## Street2:

## \* City:

Fresno

## County:

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

93721

## e. Organizational Unit:

## Department Name:

Police

## Division Name:

Support Division

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Ms.

## \* First Name:

Judy

## Middle Name:

## \* Last Name:

Garcia

## Suffix:

## Title: Grants Manager

## Organizational Affiliation:

## \* Telephone Number:

559 621-2053

## Fax Number:

559 488-1010

## \* Email:

judy.garcia@fresno.gov

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 20-21

\* b. Program/Project 20-21

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 10/01/2007

\* b. End Date: 09/30/2010

## 18. Estimated Funding (\$):

* a. Federal	837,693.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	279,231.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,116,924.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. \* First Name: Andrew

Middle Name: T.

\* Last Name: Souza

Suffix:

\* Title: City Manager

\* Telephone Number: 559 621-7782 Fax Number:

\* Email: andy.souza@fresno.gov

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10 2005)

Prescribed by OMB Circular A-102

**Application for Federal Assistance SF-424**

Version 1.02

**9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:****\* Other (specify):****\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:****CFDA Title:****\* 12. Funding Opportunity Number:**

COPS-OTHERTECH-2007-1

**\* Title:**

COPS Law Enforcement Technology

**13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**

Fresno county regional areas

**\* 15. Descriptive Title of Applicant's Project:**

Fresno Regional Electronic Data Interface Project (REDI); to continue the development of the Fresno County regional data sharing, utilizing disparate systems based on NIEM and GJXDM standards.

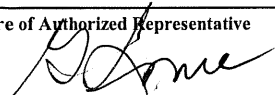
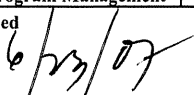
Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 6/20/07	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Programming &amp; Policy Analysis</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Kathy Banh (213) 922-7635</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision – A (Increase of Award)  If Revision, enter appropriate letter(s) in box(es):  A Increase Award   B Decrease Award   C Increase Duration D Decrease Duration   Other (specify)		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District        N Other (Specify) _____	
		<b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>TITLE 49 U.S.C. § 5316</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Fiscal Year 2007 Los Angeles County JARC, CA-37-X071-01</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>10/23/06</b>	Ending Date <b>10/31/10</b>	a. Applicant <b>Districts 24 through 39, and 41</b>	b. Project <b>Same as Applicant</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 657,780.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>6/20/07</u>  b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$ .00		
c State	\$ .00		
d Local	\$ .00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 657,780.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

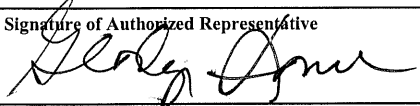
a Typed Name of Authorized Representative <b>GLADYS LOWE</b>	<div style="border: 2px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">RECEIVED</div>	b Title Director Regional Program Management	c Telephone number <b>(213) 922-2459</b>
d Signature of Authorized Representative 	<div style="border: 2px solid black; padding: 5px; font-size: 1.2em;">JUN 27 2007</div>	e. Date Signed 	

Previous Editions Not Usable

STATE CLEARING HOUSE

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 6/20/07	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Programming &amp; Policy Analysis</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Kathy Banh (213) 922-7635</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)  If Revision, enter appropriate letter(s) in box(es):  A Increase Award   B Decrease Award   C Increase Duration D Decrease Duration   Other (specify)		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District       N Other (Specify) _____  <b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>TITLE 49 U.S.C. § 5317</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Fiscal Year 2007 New Freedom CA-57-X003-01</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>10/23/06</b>	Ending Date <b>10/31/10</b>	a. Applicant <b>Districts 24 through 39, and 41</b>	b. Project <b>Same as Applicant</b>

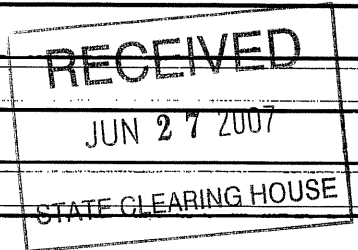
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 282,113.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>6/20/07</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ .00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 282,113.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative <b>GLADYS LOWE</b>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 27 2007    STATE CLEARING HOUSE </div>		b Title Director Regional Program Management
d Signature of Authorized Representative 			c Telephone number <b>(213) 922-2459</b>
		e Date Signed <b>6-23-07</b>	

Application for Federal Assistance SF-424

Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify)</b> <input type="text"/>	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> <input type="text"/>			
<b>5a. Federal Entity Identifier:</b> <input type="text"/>			<b>* 5b. Federal Award Identifier:</b> <input type="text"/>		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> <input type="text"/>		<b>7. State Application Identifier:</b> <input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> City of San Luis Obispo					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-6000781			<b>* c. Organizational DUNS:</b> 098992407		
<b>d. Address:</b>					
<b>* Street1:</b> 990 Palm Street					
<b>Street2:</b> <input type="text"/>					
<b>* City:</b> San Luis Obispo					
<b>County:</b> <input type="text"/>					
<b>* State:</b> CA: California					
<b>Province:</b> <input type="text"/>					
<b>* Country:</b> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> 93401					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Police Department			<b>Division Name:</b> <input type="text"/>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Mrs.		<b>* First Name:</b> Melissa			
<b>Middle Name:</b> <input type="text"/>					
<b>* Last Name:</b> Ellsworth					
<b>Suffix:</b> <input type="text"/>					
<b>Title:</b> Senior Administrative Analyst					
<b>Organizational Affiliation:</b> <input type="text"/>					
<b>* Telephone Number:</b> 805-781-7019			<b>Fax Number:</b> 805-781-7088		
<b>* Email:</b> mellsworth@slocity.org					



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\* 12. Funding Opportunity Number:

COPS-OTHERECH-2007-1

\* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of San Luis Obispo  
County of San Luis Obispo

\* 15. Descriptive Title of Applicant's Project:

Generator and Handheld Radio Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 23

\* b. Program/Project 23

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

\* a. Start Date: 09/01/2007

\* b. End Date: 09/30/2010

18. Estimated Funding (\$):

* a. Federal	175,782.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	58,593.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	234,375.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2007 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name: Deborah

Middle Name:

\* Last Name: Linden

Suffix:

\* Title: Chief of Police

\* Telephone Number: (805) 781-7337 Fax Number: (805) 781-7088

\* Email: dlinden@slocity.org

\* Signature of Authorized Representative:  Completed by Grants.gov upon submission. \* Date Signed: 6-26-07 Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction <input checked="" type="checkbox"/> Nonconstruction		2. Date Submitted	Applicant Identifier
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Rik Rasmussen (916) 341-5549	
6. Employer Identification Number (EIN): 68-0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.454 Title: Water Quality Management Planning		11. Descriptive Title of Applicant's Project: Oversee and manage water quality planning projects as authorized by State law or local ordinances, to assure the maintenance, restoration, enhancement, and protection of water quality in the environment.	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		14. Congressional District of: Applicant: 3 Project: California - All	
13. Proposed Project: Start Date 7/1/2007 End Date 6/30/2012		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: June 27, 2007 b. NO: <input type="checkbox"/> Program is not covered by EO # 12372 <input type="checkbox"/> Program has not been selected by the state for review.	
15. ESTIMATED FUNDING: a. Federal \$597,755 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other --"In-Kind" Support \$181,442 f. Program Income \$0 g. TOTAL \$779,197		17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach explanation <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Dorothy Rice		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: June 28, 2007	

Application for Federal Assistance SF-424

Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify)</b> <input type="text"/>	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> <input type="text"/>			
<b>5a. Federal Entity Identifier:</b> CA 03905			<b>* 5b. Federal Award Identifier:</b> <input type="text"/>		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> <input type="text"/>		<b>7. State Application Identifier:</b> <input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> City of Stockton Police Department					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000436			<b>* c. Organizational DUNS:</b> 030911858		
<b>d. Address:</b>					
<b>* Street1:</b> 22 East Market Street					
<b>Street2:</b> <input type="text"/>					
<b>* City:</b> Stockton					
<b>County:</b> San Joaquin					
<b>* State:</b> CA: California					
<b>Province:</b> <input type="text"/>					
<b>* Country:</b> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> 95202					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Stockton Police Department			<b>Division Name:</b> <input type="text"/>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Mr.		<b>* First Name:</b> Bob			
<b>Middle Name:</b> <input type="text"/>					
<b>* Last Name:</b> Marconi					
<b>Suffix:</b> <input type="text"/>					
<b>Title:</b> Program Manager III					
<b>Organizational Affiliation:</b> City of Stockton Police Department					
<b>* Telephone Number:</b> (209) 937-8651			<b>Fax Number:</b> (209) 937-8896		
<b>* Email:</b> Bob.Marconi@ci.stockton.ca.us					

RECEIVED

JUN 27 2007

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

**Version 02**

**9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

**CFDA Title:**

**\* 12. Funding Opportunity Number:**

COPS-OTHERECH-2007-1

**\* Title:**

COPS Law Enforcement Technology

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Stockton region including the cities of Stockton, Lodi, Manteca, and multiple jurisdictions within the Stockton MSA.

**\* 15. Descriptive Title of Applicant's Project:**

Stockton's Regional Interoperable Communications and Information Sharing Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 11,18

\* b. Program/Project 11,18

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 10/01/2007

\* b. End Date: 09/30/2009

18. Estimated Funding (\$):

* a. Federal	1,651,035.00
* b. Applicant	550,345.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,201,380.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/28/2007 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. \* First Name: J.

Middle Name: Gordon

\* Last Name: Palmer

Suffix: Jr.

\* Title: City Manager

\* Telephone Number: (209) 937-8294 Fax Number: (209) 937-7149

\* Email: City.Manager@ci.stockton.ca.us

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: City of Redding Police Department

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000401

\* c. Organizational DUNS:

188924823

## d. Address:

## \* Street1:

1313 California Street

## Street2:

## \* City:

Redding

## County:

Shasta

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

96001

## e. Organizational Unit:

## Department Name:

Police Department

## Division Name:

Police Administration

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

\* First Name: Janet

## Middle Name:

## \* Last Name:

Crawford

## Suffix:

## Title: Management Analyst

## Organizational Affiliation:

\* Telephone Number: 530 245-7157

Fax Number: 530-225-4568

\* Email: jrcrawford@reddingpolice.org

RECEIVED

JUN 27 2007

STATE CLEARING HOUSE

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

## Type of Applicant 2: Select Applicant Type:

B: County Government

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

Community Oriented Policing Services

## 11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

## \* 12. Funding Opportunity Number:

COPS-COPSMETH-2007-1

\* Title:

COPS Methamphetamine Initiative

## 13. Competition Identification Number:

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

## \* 15. Descriptive Title of Applicant's Project:

Shasta Methamphetamine Addiction Reduction Team (SMART)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant

Dist 2

\* b. Program/Project

Dist 2

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date:

10/01/2007

\* b. End Date:

09/30/2008

## 18. Estimated Funding (\$):

* a. Federal	449,559.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	449,559.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

06/27/2007

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:

\* First Name:

Leonard

Middle Name:

F

\* Last Name:

Moly

Suffix:

\* Title:

Chief of Police

\* Telephone Number:

530 225-4211

Fax Number:

530 225-4568

\* Email:

lmoly@reddingpolice.org

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

6/27/07

Application for Federal Assistance SF-424		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: JUN 28 2007
State Use Only:		STATE CLEARING HOUSE
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: California State Coastal Conservancy		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3164968		*c. Organizational DUNS: 808322408
<b>d. Address:</b>		
*Street 1: 1330 Broadway, Suite 1300		
Street 2: _____		
*City: Oakland		
County: Alameda		
*State: California		
Province: _____		
*Country: USA		
*Zip / Postal Code: 94612		
<b>e. Organizational Unit:</b>		
Department Name:		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Ms. *First Name: Ann		
Middle Name: Catherine		
*Last Name: Buell		
Suffix: _____		
Title: Project Manager		
Organizational Affiliation: California State Coastal Conservancy		
*Telephone Number: (510) 286-0752		Fax Number: (510) 286-0470
*Email: abuell@scc.ca.gov		

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of the Interior, Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15-614

CFDA Title:

Coastal Wetlands Planning, Protection and Restoration Act

**\*12 Funding Opportunity Number:**

CWG-08

\*Title:

National Coastal Wetlands Conservation Grant Program

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Hayward, County of Alameda, San Francisco Bay, California

**\*15. Descriptive Title of Applicant's Project:**

Eden Landing Salt Ponds Tidal Wetland Restoration project. Restoration of 730 acres of former salt ponds to estuarine intertidal emergent wetland at the Eden Landing Ecological Reserve complex owned by the California State Department of Fish and Game. The project is located in South San Francisco Bay, Alameda County, California.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\*a. Applicant: 9

\*b. Program/Project: 13

## 17. Proposed Project:

\*a. Start Date: March 2008

\*b. End Date: December 2010

## 18. Estimated Funding (\$):

*a. Federal	1,000,000
*b. Applicant	3,161,335
*c. State	3,000,000
*d. Local	758,000
*e. Other	
*f. Program Income	
*g. TOTAL	7,919,335

## \*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on June 28, 2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

## \*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

## Authorized Representative:

Prefix: Ms. \*First Name: Nadine

Middle Name: \_\_\_\_\_

\*Last Name: Hitchcock

Suffix: \_\_\_\_\_

\*Title: Deputy Executive Officer

\*Telephone Number: (510) 286-4176

Fax Number: (510) 286-0470

\* Email: nhitchcock@scc.ca.gov

\*Signature of Authorized Representative: Nadine Hitchcock\*Date Signed: 6-22-07

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424		Version 02
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>* If Revision, select appropriate letter(s):</b> <input type="checkbox"/> Other (Specify)
<b>4. Applicant Identifier:</b>		
<b>5a. Federal Entity Identifier:</b>		<b>* 5b. Federal Award Identifier:</b>
<b>State Use Only:</b>		
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>
<b>B. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Los Angeles County Sheriff's Department		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-800927		<b>* c. Organizational DUNS:</b> 028950678
<b>d. Address:</b>		
<b>* Street1:</b> 4700 Ramona Boulevard		
<b>Street2:</b>		
<b>* City:</b> Monterey Park		
<b>County:</b>		
<b>* State:</b> CA: California		
<b>Province:</b>		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 91754		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b>		<b>Division Name:</b>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b>		<b>* First Name:</b> Abby
<b>Middle Name:</b>		
<b>* Last Name:</b> Valdez		
<b>Suffix:</b>		
<b>Title:</b>		
<b>Organizational Affiliation:</b>		
<b>* Telephone Number:</b> (323) 526-5706		<b>Fax Number:</b>
<b>* Email:</b> arvaldez@lasd.org		

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

B: County Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

Community Oriented Policing Services

## 11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

## \* 12. Funding Opportunity Number:

COPS-CPD-2007-08

\* Title:

School and Campus Safety

## 13. Competition Identification Number:

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

## \* 15. Descriptive Title of Applicant's Project:

School Community Policing Partnership

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004

Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	24-37	* b. Program/Project 24-37
Attach an additional list of Program/Project Congressional Districts if needed.		
Cong. Districts.doc <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	10/01/2007	* b. End Date: 03/31/2009
<b>18. Estimated Funding (\$):</b>		
* a. Federal	500,000.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	500,000.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 06/28/2007		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:	* First Name: Leroy	
Middle Name:		
* Last Name:	Baca	
Suffix:		
* Title:	Sheriff, Los Angeles County	
* Telephone Number:	(323) 526-6000	Fax Number:
* Email:	grants@lasd.org	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

100%

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\*2. Type of Application

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

**RECEIVED**

JUN 29 2007

STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

04-040-952750154

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Peoples' Self-Help Housing Corporation

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-2750154

\*c. Organizational DUNS:  
09-641-4412

**d. Address:**

\*Street 1: 3533 Empleo Street  
Street 2: \_\_\_\_\_  
\*City: San Luis Obispo  
County: San Luis Obispo  
\*State: California  
Province: \_\_\_\_\_  
\*Country: United States of America  
\*Zip / Postal Code 93401

**e. Organizational Unit:**

Department Name:  
Housing Development Department

Division Name:

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Ms. \*First Name: Sheryl  
Middle Name: \_\_\_\_\_  
\*Last Name: Flores  
Suffix: \_\_\_\_\_

Title: Housing Development Department Director

Organizational Affiliation:

\*Telephone Number: 805-781-3088, ext. 465

Fax Number: 805-544-1901

\*Email: sherylf@pshhc.org

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

**USDA Rural Development (523 Program)**

**11. Catalog of Federal Domestic Assistance Number:**

10-420

CFDA Title:

Section 523 Technical Assistance

**\*12 Funding Opportunity Number:**

10-420

\*Title:

Section 523 Technical Assistance

**13. Competition Identification Number:**

Title:

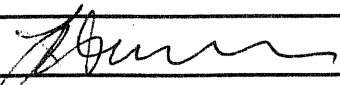
**14. Areas Affected by Project (Cities, Counties, States, etc.):**

San Luis Obispo County California - Templeton, California & San Miguel, California

Santa Barbara County California - Cuyama, California

**\*15. Descriptive Title of Applicant's Project:**

Applicant is applying for a Section 523 Technical Assistance Grant to construct 54 mutual self-help single family homes.

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-023	*b. Program/Project: CA-023 and CA 024	
<b>17. Proposed Project:</b>		
*a. Start Date: 3/1/08	*b. End Date: 2/28/10	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	1,344,600.00	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	1,344,600.00	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: Ms	*First Name: Jeanette	
Middle Name: _____		
*Last Name: Duncan		
Suffix: _____		
*Title: Assistant Secretary and Executive Director		
*Telephone Number: 805-781-3088, ext. 454		Fax Number: 805-544-1901
* Email: jeanetted@pshhc.org		
*Signature of Authorized Representative: 		*Date Signed: 6/27/07

60%

Application for Federal Assistance SF-424		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation    *Other (Specify) _____ <input type="checkbox"/> Revision
<b>3. Date Received:</b>		<b>4. Applicant Identifier:</b> 04-040-952750154
<b>5a. Federal Entity Identifier:</b>		<b>*5b. Federal Award Identifier:</b> STATE CLEARING HOUSE
<b>State Use Only:</b>		
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>
<b>8. APPLICANT INFORMATION:</b>		
<b>*a. Legal Name:</b> Peoples' Self-Help Housing Corporation		
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-2750154		<b>*c. Organizational DUNS:</b> 09-641-4412
<b>d. Address:</b>		
<b>*Street 1:</b> 3533 Empleo Street		
<b>Street 2:</b> _____		
<b>*City:</b> San Luis Obispo		
<b>County:</b> San Luis Obispo		
<b>*State:</b> California		
<b>Province:</b> _____		
<b>*Country:</b> United States of America		
<b>*Zip / Postal Code</b> 93401		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Housing Development Department		<b>Division Name:</b>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Ms. <b>*First Name:</b> Sheryl		
<b>Middle Name:</b> _____		
<b>*Last Name:</b> Flores		
<b>Suffix:</b> _____		
<b>Title:</b> Housing Development Department Director		
<b>Organizational Affiliation:</b>		
<b>*Telephone Number:</b> 805-781-3088, ext. 465 <b>Fax Number:</b> 805-544-1901		
<b>*Email:</b> sheryl@pshhc.org		

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

USDA Rural Development (523 Program)

**11. Catalog of Federal Domestic Assistance Number:**

10-420

CFDA Title:

Section 523 Technical Assistance

**\*12 Funding Opportunity Number:**

10-420

\*Title:

Section 523 Technical Assistance

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

San Luis Obispo County California - Templeton, California & San Miguel, California

Santa Barbara County California - Cuyama, California

**\*15. Descriptive Title of Applicant's Project:**

This application is for 60% of our 100% application. Applicant is applying for a Section 523 Technical Assistance Grant to construct 32.4 mutual self-help single family homes. The 100% application is for a \$1,344,600 Section 523 Technical Assistance Grant to construct 54 single family homes.

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\*a. Applicant: CA-023

\*b. Program/Project: CA-023 and CA-024

## 17. Proposed Project:

\*a. Start Date: 3/1/08

\*b. End Date: 2/28/10

## 18. Estimated Funding (\$):

*a. Federal	806,760
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	806,760
	769,500

## \*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

## \*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

## Authorized Representative:

Prefix: Ms. \_\_\_\_\_ \*First Name: Jeanette \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: Duncan \_\_\_\_\_

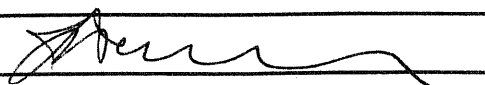
Suffix: \_\_\_\_\_

\*Title: Assistant Secretary and Executive Director

\*Telephone Number: 805-781-3088, ext. 454

Fax Number: 805-544-1901

\* Email: jeanetted@pshhc

\*Signature of Authorized Representative: 

\*Date Signed: 6/27/07

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name: City of Fresno

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000338

## \* c. Organizational DUNS:

071887855

## d. Address:

## \* Street1:

2600 Fresno Street

## Street2:

## \* City:

Fresno

## County:

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

93721

## e. Organizational Unit:

## Department Name:

Police Department

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Ms.

## \* First Name:

Judy

## Middle Name:

## \* Last Name:

Garcia

## Suffix:

## Title: Grants Manager

## Organizational Affiliation:

## \* Telephone Number:

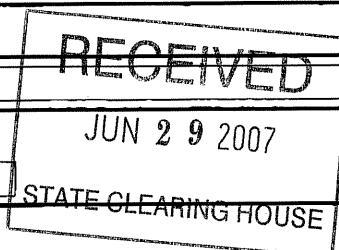
559-621-2053

## Fax Number:

559-488-1010

## \* Email:

judy.garcia@fresno.gov



OMB Number: 4040-0004  
Expiration Date: 01/31/2009**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:****\* Other (specify):****\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

**CFDA Title:**

Public Safety Partnership and Community Policing Grants

**\* 12. Funding Opportunity Number:**

COPS-CPD-2007-10

**\* Title:**

Open/Other Topics

**13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**

Fresno City

**\* 15. Descriptive Title of Applicant's Project:**

Faith Based Community Oriented Policing

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 20, 21

\* b. Program/Project 20, 21

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 10/01/2007

\* b. End Date: 03/31/2009

## 18. Estimated Funding (\$):

* a. Federal	250,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	250,000.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. \* First Name: Andrew

Middle Name: T.

\* Last Name: Souza

Suffix:

\* Title: City Manager

\* Telephone Number: 559-621-7782 Fax Number:

\* Email: andy.souza@fresno.gov

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name: City of Fresno

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000338

## \* c. Organizational DUNS:

071887855

## d. Address:

## \* Street1: 2600 Fresno Street

## Street2:

## \* City: Fresno

## County:

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code: 93721

RECEIVED

JUN 29 2007

STATE CLEARING HOUSE

## e. Organizational Unit:

## Department Name:

Police Department

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix: Ms.

## \* First Name: Judy

## Middle Name:

## \* Last Name: Garcia

## Suffix:

## Title: Grants Manager

## Organizational Affiliation:

## \* Telephone Number: 559-621-2053

## Fax Number: 559-488-1010

## \* Email: judy.garcia@fresno.gov

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:****\* Other (specify):****\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

**CFDA Title:**

Public Safety Partnership and Community Policing Grants

**\* 12. Funding Opportunity Number:**

COPS-CPD-2007-10

**\* Title:**

Open/Other Topics

**13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**

Fresno City

**\* 15. Descriptive Title of Applicant's Project:**

Faith Based Community Oriented Policing

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 20, 21

\* b. Program/Project 20, 21

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 10/01/2007

\* b. End Date: 03/31/2009

## 18. Estimated Funding (\$):

* a. Federal	250,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	250,000.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. \* First Name: Andrew

Middle Name: T.

\* Last Name: Souza

Suffix:

\* Title: City Manager

\* Telephone Number: 559-621-7782 Fax Number:

\* Email: andy.souza@fresno.gov

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: Cal State L.A. University Auxiliary Services, Inc.

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

954016653

\* c. Organizational DUNS:

066697590

## d. Address:

## \* Street1:

5151 State University Drive, GE 220

## Street2:

## \* City:

Los Angeles

## County:

Los Angeles

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

90032

RECEIVED

JUN 29 2007

STATE CLEARING HOUSE

## e. Organizational Unit:

Department Name:

Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr.

\* First Name:

Ali

Middle Name:

\* Last Name:

Modarres

Suffix:

Title: Associate Director, Pat Brown Institute

Organizational Affiliation:

California State University, Los Angeles

\* Telephone Number: 323-343-3770

Fax Number:

\* Email:

amodarr@calstatela.edu

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

H: Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

S: Hispanic-serving Institution

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

**\* 12. Funding Opportunity Number:**

COPS-CPD-2007-01

\* Title:

Institutionalizing Community Policing

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Nationwide

**\* 15. Descriptive Title of Applicant's Project:**

Community Governance Training &amp; Technical Assistance Program

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant

32

\* b. Program/Project

32

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date:

01/01/2008

\* b. End Date:

06/30/2009

## 18. Estimated Funding (\$):

* a. Federal	491,495.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	491,495.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/29/2007☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:

Mrs.

\* First Name:

Alma

Middle Name:

P.

\* Last Name:

Sahagun

Suffix:

\* Title:

Director of Contracts &amp; Grants Administration

\* Telephone Number:

323-343-5366

Fax Number:

323-343-6430

\* Email:

asahag@cslanet.calstatela.edu

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## B. APPLICANT INFORMATION:

## \* a. Legal Name: City of Modesto Police Department

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-8000374

## \* c. Organizational DUNS:

1529745440000

## d. Address:

## \* Street1:

600 Tenth Street

## Street2:

## \* City:

Modesto

## County:

Stanislaus

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

95354-3506

RECEIVED

JUN 29 2007

STATE CLEARING HOUSE

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Mrs.

## \* First Name:

Karen

## Middle Name:

## \* Last Name:

Rabb

## Suffix:

## Title: Administrative Analyst

## Organizational Affiliation:

## \* Telephone Number:

(209) 572-9523

## Fax Number:

(209) 572-9669

## \* Email:

rabbk@modestopd.com

OME Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

Community Oriented Policing Services

## 11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

## \* 12. Funding Opportunity Number:

COPS-OTHERTECH-2007-1

\* Title:

COPS Law Enforcement Technology

## 13. Competition Identification Number:

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

## \* 15. Descriptive Title of Applicant's Project:

COPS Regional Criminal Justice Information Sharing System.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-018

\* b. Program/Project CA-018

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 01/01/2008

\* b. End Date: 12/31/2011

## 18. Estimated Funding (\$):

* a. Federal	250,356.06
* b. Applicant	83,452.02
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	333,808.08

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/29/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. \* First Name: Roy

Middle Name: W.

\* Last Name: Wasden

Suffix:

\* Title: Chief of Police

\* Telephone Number: (209) 572-9501 Fax Number: (209) 572-9669

\* Email: wasdenr@modestopd.com

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by GIMB Circular A-102

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify)</b> <input type="text"/>	
<b>* 3. Date Received:</b> <input type="text"/> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> <input type="text"/>			
<b>5a. Federal Entity Identifier:</b> <input type="text"/>			<b>* 5b. Federal Award Identifier:</b> <input type="text"/>		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> <input type="text"/>		<b>7. State Application Identifier:</b> <input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> <input type="text"/> Monrovia Police Department				<b>STATE CLEARING HOUSE</b>	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/> 95-6000745			<b>* c. Organizational DUNS:</b> <input type="text"/> 000000000INDV		
<b>d. Address:</b>					
<b>* Street1:</b> <input type="text"/> 140 E. Lime Avenue					
<b>Street2:</b> <input type="text"/>					
<b>* City:</b> <input type="text"/> Monrovia					
<b>County:</b> <input type="text"/>					
<b>* State:</b> <input type="text"/> CA: California					
<b>Province:</b> <input type="text"/>					
<b>* Country:</b> <input type="text"/> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> <input type="text"/> 91016					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> <input type="text"/>			<b>Division Name:</b> <input type="text"/>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> <input type="text"/> Mr.		<b>* First Name:</b> <input type="text"/> James			
<b>Middle Name:</b> <input type="text"/>					
<b>* Last Name:</b> <input type="text"/> Thigpen					
<b>Suffix:</b> <input type="text"/>					
<b>Title:</b> <input type="text"/> Project Manager, LA CLEAR					
<b>Organizational Affiliation:</b> <input type="text"/>					
<b>* Telephone Number:</b> <input type="text"/> 323-869-2595			<b>Fax Number:</b> <input type="text"/> 323-417-4775		
<b>* Email:</b> <input type="text"/> jimt@laclass.com					

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

RECEIVED

JUN 29 2007

STATE CLEARING HOUSE

## \* 10. Name of Federal Agency:

Community Oriented Policing Services

## 11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

## \* 12. Funding Opportunity Number:

COPS-COPSMETH-2007-02

\* Title:

Methamphetamine Training and Technical Assistance

## 13. Competition Identification Number:

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Counties of Los Angeles, Orange, San Bernardino, Riverside

## \* 15. Descriptive Title of Applicant's Project:

Investigative Support Specialists

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 28

\* b. Program/Project 24-45

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 10/01/2007

\* b. End Date: 09/30/2009

## 18. Estimated Funding (\$):

* a. Federal	416,384.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	416,384.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No 

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:  \* First Name: Roger

Middle Name:

\* Last Name: Johnson

Suffix:

\* Title: Chief of Police

\* Telephone Number: 626-256-8096 Fax Number: 

\* Email: rjohnson@monrovia.laclen.org

\* Signature of Authorized Representative:  Completed by Grants.gov upon submission. \* Date Signed:  Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

OMB Number: 4040-0004

Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <b>* Other (Specify)</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<b>* 3. Date Received:</b> <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission.</div>		<b>4. Applicant Identifier:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<b>5a. Federal Entity Identifier:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		<b>* 5b. Federal Award Identifier:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		<b>7. State Application Identifier:</b> <div style="border: 1px solid black; width: 200px; height: 15px;"></div>
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> <div style="border: 1px solid black; padding: 2px;">Monrovia Police Department</div>		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <div style="border: 1px solid black; padding: 2px;">95-6000745</div>		<b>* c. Organizational DUNS:</b> <div style="border: 1px solid black; padding: 2px;">000000000INDV</div>
<b>d. Address:</b>		
<b>* Street1:</b> <div style="border: 1px solid black; padding: 2px;">140 E. Lime Avenue</div>		
<b>Street2:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
<b>* City:</b> <div style="border: 1px solid black; padding: 2px;">Monrovia</div>		
<b>County:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
<b>* State:</b> <div style="border: 1px solid black; padding: 2px;">CA: California</div>		
<b>Province:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
<b>* Country:</b> <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>		
<b>* Zip / Postal Code:</b> <div style="border: 1px solid black; padding: 2px;">91016</div>		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		<b>Division Name:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> <div style="border: 1px solid black; padding: 2px;">Mr.</div>		<b>* First Name:</b> <div style="border: 1px solid black; padding: 2px;">James</div>
<b>Middle Name:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
<b>* Last Name:</b> <div style="border: 1px solid black; padding: 2px;">Thigpen</div>		
<b>Suffix:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
<b>Title:</b> <div style="border: 1px solid black; padding: 2px;">Project Manager, LA CLEAR</div>		
<b>Organizational Affiliation:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
<b>* Telephone Number:</b> <div style="border: 1px solid black; padding: 2px;">323-869-2595</div>		<b>Fax Number:</b> <div style="border: 1px solid black; padding: 2px;">323-417-4775</div>
<b>* Email:</b> <div style="border: 1px solid black; padding: 2px;">jimt@lclear.com</div>		

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

Community Oriented Policing Services

## 11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

RECEIVED

JUN 29 2007

STATE CLEARING HOUSE

## \* 12. Funding Opportunity Number:

COPS-COPSMETH-2007-02

\* Title:

Methamphetamine Training and Technical Assistance

## 13. Competition Identification Number:

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Counties of Los Angeles, Orange, San Bernardino, Riverside

## \* 15. Descriptive Title of Applicant's Project:

Investigative Support Specialists

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 28

\* b. Program/Project 24-45

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 10/01/2007

\* b. End Date: 09/30/2009

## 18. Estimated Funding (\$):

* a. Federal	416,384.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	416,384.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> <b>* If Revision, select appropriate letter(s)</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <b>*Other (Specify)</b> _____ <input type="checkbox"/> Revision
<b>3. Date Received:</b>		<b>4. Applicant Identifier:</b>
<b>5a. Federal Entity Identifier:</b>		<b>*5b. Federal Award Identifier:</b>
<b>State Use Only:</b>		
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>
<b>8. APPLICANT INFORMATION:</b>		
<b>*a. Legal Name:</b> California State Coastal Conservancy		
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-3164968		<b>*c. Organizational DUNS:</b> 808322408
<b>d. Address:</b>		
<b>*Street 1:</b> 1330 Broadway <b>Street 2:</b> Suite 1100 <b>*City:</b> Oakland <b>County:</b> Alameda <b>*State:</b> CA <b>Province:</b> <b>*Country:</b> USA <b>*Zip / Postal Code</b> 94612		<div style="border: 1px solid black; padding: 10px; text-align: center;"><b>RECEIVED</b> JUN 29 2007 STATE CLEARING HOUSE</div>
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> San Francisco Bay Program		<b>Division Name:</b>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Mr. <b>*First Name:</b> Tom <b>Middle Name:</b> _____ <b>*Last Name:</b> Gandesbery <b>Suffix:</b> _____ <b>Title:</b> Project Manager <b>Organizational Affiliation:</b> <b>*Telephone Number:</b> (510) 286-7028 <b>Fax Number:</b> (510) 286-0470 <b>*Email:</b> tgandesbery@scc.ca.gov		

Application for Federal Assistance SF-424	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> A.State Government  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> U.S. Department of Interior, Fish and Wildlife Service	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <u>15.614</u>  CFDA Title: <u>Coastal Wetlands Planning, Protection and Restoration Act</u>	
<b>*12 Funding Opportunity Number:</b> <u>CWG-08</u>  *Title: <u>National Coastal Wetlands Conservation Grant Program</u>	
<b>13. Competition Identification Number:</b> <u>CWG-08</u>  Title: <u>National Coastal Wetlands Conservation Grant Program</u>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>  Sonoma County, State of California	
<b>*15. Descriptive Title of Applicant's Project:</b>  Sears Point Wetlands and Watershed Restoration Project (see attached Project Statement)	

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-009		*b. Program/Project: CA-006
<b>17. Proposed Project:</b>		
*a. Start Date: April 2007		*b. End Date: August 2011
<b>18. Estimated Funding (\$):</b>		
*a. Federal	<u>4,450,000</u>	
*b. Applicant	<u>500,000</u>	
*c. State	<u>10,000,000</u>	
*d. Local	<u>                    </u>	
*e. Other	<u>                    </u>	
*f. Program Income	<u>750,000</u>	
*g. TOTAL	<u>15,700,000</u>	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/28/07</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: <u>Ms</u>	*First Name: <u>Nadine</u>	
Middle Name: <u>                    </u>		
*Last Name: <u>Hitchcock</u>		
Suffix: <u>                    </u>		
*Title: Deputy Executive Officer		
*Telephone Number: (510) 286-4176		Fax Number: (510) 286-0470
* Email: nhitchcock@scc.ca.gov		
*Signature of Authorized Representative: <u>Nadine Hitchcock</u>		*Date Signed: <u>6-27-07</u>

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name: City of El Cajon

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-8000703

## \* c. Organizational DUNS:

078727393

## d. Address:

## \* Street1:

200 E. Main Street

## Street2:

## \* City:

El Cajon

## County:

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

92020-3996

## e. Organizational Unit:

## Department Name:

El Cajon Police Department

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

## \* First Name: Olivia

## Middle Name:

## \* Last Name: Puentes-Reynolds

## Suffix:

## Title: Management Analyst

## Organizational Affiliation:

El Cajon Police Department

## \* Telephone Number: 619-441-1524

Fax Number: 619-441-1330

## \* Email: Olivia@ci.el-cajon.ca.us

RECEIVED

JUN 29 2007

STATE CLEARING HOUSE

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

Community Oriented Policing Services

## 11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

## \* 12. Funding Opportunity Number:

COPS-CPD-2007-06

\* Title:

Ethics and Integrity

## 13. Competition Identification Number:

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

The primary area affected is the City of El Cajon. However, this project, if funded, will provide a model to the state and nation on how to administer community policing.

## \* 15. Descriptive Title of Applicant's Project:

Building a Sustainable Culture of Leadership Execution: Taking Community Policing to Community Governance

Attach supporting documents as specified in agency instructions.



## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-052

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 10/01/2007

\* b. End Date: 03/31/2009

## 18. Estimated Funding (\$):

* a. Federal	1,137,064.00
* b. Applicant	
* c. State	
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,137,064.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/29/2007.☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No Explanation

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: \* First Name: Olivia  
Middle Name:  
\* Last Name: Puentes-Reynolds  
Suffix:

\* Title: Management Analyst

\* Telephone Number: 619-441-1524 Fax Number: 619-441-1330

\* Email: Olivia@cl.el-cajon.ca.us

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>	
Legal Name: MODOC MEDICAL CENTER	Organizational Unit: Department:
Organizational DUNS: 829690080	Division:
Address: Street: 228 W. McDowell Ave.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Bruce
City: Alturas	Middle Name
County: Modoc	Last Name Porter
State: CA Zip Code 96101	Suffix:
Country: USA	Email: bruce.porter@modoccounty.us
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0095320	Phone Number (give area code) 530-233-5883 Fax Number (give area code) 530-233-5884
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Facilities Loans & Grants 10-766	<b>9. NAME OF FEDERAL AGENCY:</b>
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Alturas, West 2/3 Modoc County and North 1/3 of Lassen County.	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Replacement of (2) existing ambulances with (2) new 2008 Ford F-350 4x4 Type I Duramedic Module Ambulance
<b>13. PROPOSED PROJECT</b> Start Date: Sept. 20, 2007 Ending Date: Sept. 20, 2007	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant John Doolittle b. Project John Doolittle
<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 196,988	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 25, 2007
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State OTS Grant \$ 65,663	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 262,651	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
<b>a. Authorized Representative</b>	
Prefix Mr. First Name Bruce	Middle Name
Last Name Porter	Suffix
b. Title CEO	c. Telephone Number (give area code) 530-233-5883
d. Signature of Authorized Representative <i>Bruce R. Porter</i>	e. Date Signed June 25, 2007

**RECEIVED**

JUN 29 2007

STATE CLERKING

## Application for Federal Assistance SF-424

Version 02

<b>Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. Type of Application:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b>  <b>* Other (Specify)</b> 	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> 			
<b>5a. Federal Entity Identifier:</b> 		<b>* 5b. Federal Award Identifier:</b> 2006CKWX0702			
<b>State Use Only:</b>  <b>6. Date Received by State:</b>  <b>7. State Application Identifier:</b> 					
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> County of San Bernardino					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-0002748			<b>* c. Organizational DUNS:</b> 150955516		
<b>d. Address:</b>					
<b>* Street1:</b> 385 North Arrowhead Avenue					
<b>* Street2:</b>					
<b>* City:</b> San Bernardino					
<b>* County:</b>					
<b>* State:</b> CA: California					
<b>* Province:</b>					
<b>* Country:</b> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> 92415					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Sheriff-Coroner			<b>Division Name:</b> Public Affairs		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Ms.		<b>* First Name:</b> Claudia			
<b>Middle Name:</b>					
<b>* Last Name:</b> Swing					
<b>Suffix:</b>					
<b>Title:</b> Grants Coordinator/Analyst					
<b>Organizational Affiliation:</b>					
<b>Telephone Number:</b> 909-387-3465 <b>Fax Number:</b> 909-387-3444					
<b>* Email:</b> cswing@sbcasd.org					

RECEIVED

JUN 29 2007

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

**Type of Applicant 1: Select Applicant Type:**

B: County Government

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**\* 12. Funding Opportunity Number:**

COPS-SOS-2007-1

\* Title:

Secure Our Schools

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

County of San Bernardino

**\* 15. Descriptive Title of Applicant's Project:**

CleanSWEEP

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

## Application for Federal Assistance SF-424

Version 02

## Congressional Districts Of:

\* a. Applicant CA-025

\* b. Program/Project CA-025

Attach an additional list of Program/Project Congressional Districts if needed.

Congressional Districts.doc

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 09/01/2006

\* b. End Date: 06/31/2010

## 18. Estimated Funding (\$):

* a. Federal	132,757.15
* b. Applicant	132,757.15
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	265,514.30

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/15/2007☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: \* First Name: Gary

Middle Name:

\* Last Name: Penrod

Suffix:

\* Title: Sheriff-Coroner

\* Telephone Number: 909-387-3669

Fax Number: 909-387-

\* Email: lguerra@sbcscd.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission.

\* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

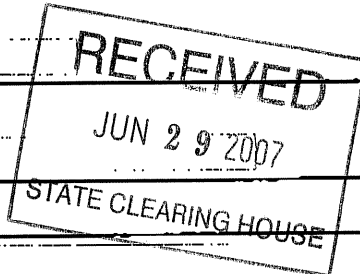
Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

## Application for Federal Assistance SF-424

Version 02

<b>Type of Submission:</b>		<b>* 2. Type of Application:</b>		<b>* If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		<b>* Other (Specify)</b>	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
<b>* 3. Date Received:</b>		<b>4. Applicant Identifier:</b>			
Completed by Grants.gov upon submission.					
<b>5a. Federal Entity Identifier:</b>		<b>* 5b. Federal Award Identifier:</b>			
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> County of San Bernardino					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>			<b>* c. Organizational DUNS:</b>		
95-6002748			150955516		
<b>d. Address:</b>					
<b>* Street1:</b> 385 North Arrowhead Avenue					
<b>Street2:</b>					
<b>City:</b> San Bernardino					
<b>County:</b> San Bernardino					
<b>* State:</b> CA: California					
<b>Province:</b>					
<b>* Country:</b> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> 92415					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b>			<b>Division Name:</b>		
Sheriff-Coroner			Employee Resources		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b>		<b>* First Name:</b> Claudia			
<b>Middle Name:</b>					
<b>* Last Name:</b> Swing					
<b>Suffix:</b>					
<b>Title:</b> Grants Coordinator					
<b>Organizational Affiliation:</b>					
<b>Telephone Number:</b> 909-387-3465			<b>Fax Number:</b> 909-387-3444		
<b>* Email:</b> cswing@sbcasd.org					



**Application for Federal Assistance SF-424****Version 02****Type of Applicant 1: Select Applicant Type:**

B: County Government

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:****\* Other (specify):****\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

**CFDA Title:**

Public Safety Partnership and Community Policing Grants

**\* 12. Funding Opportunity Number:**

COPS-CPD-2007-05

**\* Title:**

Recruitment and Hiring

**13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**

County of San Bernardino

**\* 15. Descriptive Title of Applicant's Project:**

San Bernardino County Sheriff Community Oriented Recruiting Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

## Application for Federal Assistance SF-424

Version 02

## Congressional Districts Of:

\* a. Applicant CA025

\* b. Program/Project CA025

Attach an additional list of Program/Project Congressional Districts if needed.

Congressional Districts.doc

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 09/01/2007

\* b. End Date: 02/28/2009

## 18. Estimated Funding (\$):

* a. Federal	170,181.14
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	170,181.14

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* d. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: \* First Name: Gary

Middle Name:

\* Last Name: Penrod

Suffix:

\* Title: Sheriff-Coroner

\* Telephone Number: 909-387-3669 Fax Number: 909-387-3402

\* Email: lguerra@sbcas.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission \* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102